

Abdominoperineal Resection of the Bowel (APR)

Cancer of the anus or lower rectum requires a surgery called **abdominoperineal resection** of the bowel (APR). This surgery both removes the cancer and creates a new way for your body to get rid of stool. The surgery is done in two parts. First, the surgeon loosens the colon and rectum in the abdomen. The colon is cut, and the upper part of the colon is pulled through an opening on your lower belly. This opening is a colostomy. Then, the lower end of the colon, including the rectum, anus, and lymph nodes are removed. The anus is closed with stitches.

Getting Ready for Surgery

You will need to drink a bowel prep to clean out your colon before surgery. We will prescribe you medicine and give you a handout about this. Read this before your surgery.

After Surgery

You will have a colostomy. Part of the colon connects to an opening in your abdomen where stool drains out. Stool collects in a pouch attached to the abdomen which is changed when needed.

Your nurse and an ostomy nurse will teach you how to care for your colostomy. You will also have a home health nurse visit you at home. It may seem hard to do at first, but your skill at taking care of your colostomy will improve over time. Learning a new skill takes time, practice, and patience.

Risks of Surgery

Your doctor will talk to you about these risks.

- Bleeding that requires a blood transfusion
- Bowel obstruction

- Hernia at the wound site
- Infections of the wounds (either belly or anal wound)
- Kidney infection
- Sexual problems
 - Men may have semen back up into the bladder
 - Men may have problems with erections
 - Women may have pain with intercourse
- Trouble passing urine
- Wounds take a long time to heal

Going Home

Plan to be in the hospital about 5-7 days. When you go home you will be slowly adding foods to your diet. You will have some pain. Stool will pass through your colostomy. Walking daily will help you to feel better and help your body heal.

Wound Care

You can shower in 2-3 days. You can wash your wounds with mild soap and water. You may not need to wear a bandage on your wound. If you do, we will show you how to change it. Do not use ointments, powders, or lotions on your wounds unless your doctor tells you to do so. Do not soak in a hot tub, bathtub, or swim until your doctor says it is okay.

Stoma Care

The place that the bowel comes through your belly is a stoma. A healthy stoma is pink and shiny, like the inside of your mouth. It is important to maintain the health of this skin and not allow the stoma or the skin around it to get sore and red. Your nurses will teach you how to care for your stoma and pouch system.

Pain

Expect to have some pain after surgery. You will have pain medicine. Talk to your nurse about the best way to control **your** pain. We will try to keep your pain level mild. Take your medicine when you **first** start to feel pain. Not all pain needs to be treated with medicine. Walking and changing positions can help reduce pain. Other techniques such as relaxation, deep breathing, music and heat can also work well. The goal is to increase your comfort and make it easier to complete daily tasks.

Rectal Healing

Healing of the anal wound may take months. There may be drainage from this wound. You will need to wear a pad. Drains put in during surgery will also help you heal. They come out through your abdomen. They are removed 3-5 days after surgery.

Stay off the incision as much as you can for the first 2 weeks. You want the least amount of pressure on the incision. Sitting too long can decrease the blood supply and delay healing. It also can cause the incision to open up. Stand or lie on your side. If you need to sit, limit it to 15 minutes at a time. You should **not** sit for the entire 15 minutes if you feel any pain. If you start to feel pain while sitting, change your position to either lying on your side or standing up.

Be careful when sitting in a recliner. You tend to slide down in the seat and the anal tissue might shear and open up. Try to lie as flat as you can when in a recliner.

Diet

After surgery you will be on a low fiber diet. Start slow until you start to pass gas through your stoma. As your bowel heals and you can eat more fiber, the stool from your colostomy will become more formed like a normal bowel movement. At home, you will start with the diet you had in the hospital. You will then slowly add more foods to your diet. Drink plenty of fluids (eight 8-ounce glasses a day) to help your body heal.

Bowel Movements

After surgery, stool collects in the pouching system. The system is airtight; it does not allow any air, fluid, or smells to leak to the outside. Change the pouches often and clean the skin around the stoma.

At home, expect for your colostomy output to be a pudding like consistency. Because your bowel action is still sluggish when you go home, you can become constipated. There are four factors to think about to prevent this problem.

- You need water. Drink 8-10, eight-ounce glasses of fluid (without caffeine) each day.
- You have to limit your fiber intake the first 2 weeks after surgery. At your post op visit we may have you slowly add more fiber foods to your diet.
- Exercise helps.
- Opioid pain pills slow bowel action.

At home, you may take stool softeners or a laxative like docusate, senna or miralax to help prevent constipation. If you do not have at least one bowel movement a day, call us. We can help.

Activity

- Most people are off work for 6-8 weeks for the rectal incision to completely heal.
- Rest as needed.
- Walk 4 times per day. Start slowly, once or twice per day. Progress to 4 times a day and increase your walking time as you become stronger. Walking will help you feel stronger.
- No lifting more than 10 pounds for 4-6 weeks.
- No sex until okayed by your doctor.

When to Call

- Shortness of breath or chest pain, **call 911**
- Pain, tenderness, swelling, or redness in feet, legs, or arms
- Pain in lower legs, calves, thighs, or arms
- Trouble passing urine
- Painful bloating or cramping
- Bulge at wound site
- Unable to pass gas or stool
- Any ostomy concerns
- Signs of a wound infection:
 - Increasing redness or warmth at the wound
 - Fever over 100.4° F by mouth, for two readings taken 4 hours apart
 - Bleeding or pus from wound
 - Pain not controlled by pain pills

Who to Call

Digestive Health Center
(608) 242-2800.

After hours, weekends or holidays this number will be answered by the paging operator. Ask for the doctor on call for Dr. _____. Leave your name and phone number with area code. The doctor will call you back.

The toll-free number is **(855) 342-9900.**

If you are a patient receiving care at UnityPoint – Meriter, Swedish American or a health system outside of UW Health, please use the phone numbers provided in your discharge instructions for any questions or concerns.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 7/2020 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#6148